

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

598

Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 1-10-01

1/10/01  
1010134

### Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Utilities, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1010134

1. NAME Hodgkins

First

William

First

E.

MI

2. BUSINESSPHONE (225) 383-3412

Area Code and Phone Number

3. BUSINESS ADDRESS 15630 Philemon Thomas Cr. Baton Rouge, LA 70810

Street and No.

City

State

Zip

MAILING ADDRESS (same)

Street and No.

City

State

Zip

4. EMPLOYER self-employed (Law Office of William E. Hodgkins)

5. EMPLOYER'S ADDRESS 15630 Philemon Thomas Cr. Baton Rouge, LA 70810

Street and No.

City

State

Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Association of Louisiana Electric Cooperatives, Inc.

Address 10725 AIRLINE Hvy., Baton Rouge, LA 70816

Business or purpose RURAL ELECTRIFICATION

Does this person pay you? Yes

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1010134  
1010134

If No, who pays you?

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

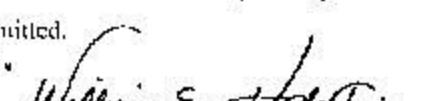
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY